

TICOR HO 196221

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Mail tax bills to:  
816 GARFIELD STREET  
HOBART, INDIANA 46342

# WARRANTY DEED

THIS INDENTURE WITNESSETH, That JACOB S. BOSS, JR. AND SANDRA S. BOSS, HUSBAND AND WIFE

("Grantor") of LAKE County in the State of INDIANA  
CONVEYS AND WARRANTS TO ROBERT A. VICTOR AND LISA VICTOR, HUSBAND AND WIFE

of LAKE County in the State of INDIANA  
in consideration of One Dollar and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the following described real estate in LAKE County, in the State of Indiana:

LOT 18 IN JORYVILLE ADDITION TO HOBART, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 3 PAGE 87, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

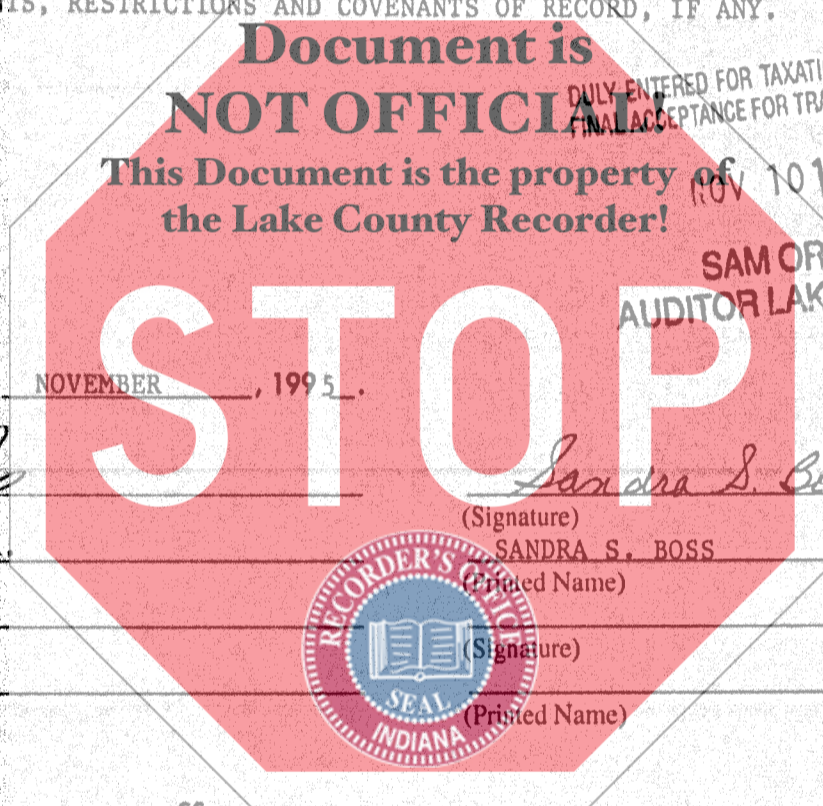
COMMONLY KNOWN AS: 816 GARFIELD STREET, HOBART, INDIANA 46342

SUBJECT TO PAST AND CURRENT YEAR REAL ESTATE TAXES.

SUBJECT TO EASEMENTS, RESTRICTIONS AND COVENANTS OF RECORD, IF ANY.

KEY NO. 18-60-20.

95069111



STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
95 NOV 13 AM 9:47  
MARGARET RECORDER

Dated this 7TH day of NOVEMBER, 1995.

*J. S. Boss, Jr.*  
(Signature)  
JACOB S. BOSS, JR.  
(Printed Name)

*Sandra S. Boss*  
(Signature)  
SANDRA S. BOSS  
(Printed Name)

(Signature)  
(Printed Name)

(Signature)  
(Printed Name)

STATE OF INDIANA  
COUNTY OF LAKE SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 7TH day of NOVEMBER, 1995, personally appeared: JACOB S. BOSS, JR., AND SANDRA S. BOSS and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires: OCTOBER 18, 1996 Signature *Awilda Galvan*  
Resident of LAKE County Printed AWILDA GALVAN, Notary Public

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_ SS:

Before me, the undersigned, a Notary Public in and for said County and State, this \_\_\_\_ day of \_\_\_\_\_, 199\_\_\_\_, personally appeared: \_\_\_\_\_ and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires: \_\_\_\_\_ Signature \_\_\_\_\_  
Resident of \_\_\_\_\_ County Printed \_\_\_\_\_, Notary Public

This instrument prepared by ROBERT B. LEOPOLD; 8242 CALUMET AVE.; MUNSTER, IN 219/922-9661 Attorney at Law  
Attorney Identification No. 8767-45  
MAIL TO:

000864 1000 TW